

# Work Order ID 98244

March-12-13 10:49:53 AM

**\*98244\***

Page 1

Item ID: D3875-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Floor Protector

Start Date: 3/12/13 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 3/26/13 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-03-12

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3875	<del>Rev A</del> Rev B. <u>Wh</u> <u>per ECN 13-553</u> <u>13/04/15</u>								
100		0.00							
<b>*100*</b>									
HandThermo	Memo	0.00				X1			<u>Wh</u>
Hand Finishing Thermoforming	1-Cut Sheet to required Blank size					X1	13/03/18.		<u>Wh</u> <u>13/03/12</u>
						X1	13/04/08		<u>Wh</u>
105		0.00							
<b>*105*</b>									
HandThermo	Dry Material	0.00				X1	<del>13/03/14</del>		<u>Wh</u>
Hand Finishing Thermoforming	Memo Dry Sheet as per QSI022 POLYCARBONATE Temp: <u>240°F</u>					X1	13/03/19		<u>Wh</u> <u>13/03/12</u>
	Time IN: <u>7:00 pm</u> <u>13/03/11</u>					X1	13/04/03		<u>Wh</u>
	Time OUT: <u>7:00 am</u> <u>13/03/12</u>					X1	13/04/04		<u>Wh</u>
									<u>Wh</u> <u>13/04/04</u>

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other    
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# Work Order ID 98244

March-12-13 10:49:53 AM

**\*98244\***

Page 2

Item ID: D3875-1

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Floor Protector

Start Date: 3/12/13 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 3/26/13 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
<b>*110*</b>									
Thermoform	Memo	0.00							
Thermoforming Machine	1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA0xxusing tool DT9435 Dwg Rev: <u>A</u> Folio Rev: <u>B</u>  Visually inspect for proper formation and texture					x1			Wh 13/03/12
						x1	13/03/19 Wh		
						x1	13/04/04 Wh		
140		0.00							
<b>*140*</b>									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	1-Trim to finished dimensions as per Dwg					x1			Wh 13/03/12
						x1	13/03/19 Wh		
						x1	13/04/04 Wh		PTD →
150	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*150*</b>									
QC	Memo	0.00							
Quality Control	Complete FAI document					x1			Wh 13/04/15

CHANGE BACK FLANGE TRIM TO 1"  
TRIM SIDE FLANGES TO 1/8" FOR  
THIS UNIT ONLY.

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: HA Date: 13/05/22QA Closed: OK Date: 13/5/15

Work Order: <u>98244</u>  Part No. <u>D 3875-1</u>  NCR No. <u>18-2612</u>	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input checked="" type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input checked="" type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input checked="" type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	13/03/12	140	1	MODIFIED Mould TO FIT TH57 Version AIRCRAFT. PART NOT RIGHT YET.	13/4/15	Scrap & Replace After MODIFYING TOOL	13/03/12	OK	DAS 45 5
Equip/Tooling									
Operator									
Material									
Setup									
Other	13/03/19	140	1	MODIFIED Mould TO FIT. PART STILL NOT OK.	13/4/15	Scrap & Replace. After MODIFYING TOOL	13/03/19	OK	DAS 16 9-5 13/04/15
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input checked="" type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge  
☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

2705  
new tool in / m/s

**Work Order ID 98244**

March-12-13 10:49:53 AM

**\*98244\***

Page 3

Item ID: D3875-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Floor Protector

Start Date: 3/12/13 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 3/26/13 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

Memo

0.00

Quality Control

170

Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00

**\*170\***

Packaging

Memo

0.00

Packaging

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

MF

13-4-18

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

March-12-13 10:49:57 AM

Page 1

Work Order ID: 98244

\*98244\*

Parent Item: D3875-1

\*D3875-1\*

Parent Item Name: Floor Protector

Start Date: 3/12/13

Required Date: 3/26/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A 09.02.06 New Issue DL  
Add Step 105 Dry Material 10/04/21 DL

IPP Rev.B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MLEXS.118-90318-08

Purchased

No

100

sf

673.4069

9.84

9.84

\*\*

**\*MI FXS 118-90318-08\***

Lexan Sheet

Location

Loc Qty

Loc Code

therm

673.4069406

673.406941

113127

29.53

sg H.

13/04/15

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



DART AEROSPACE LTD		Work Order:	98244
Description: Floor Protector		Part Number:	D3875-1
Inspection Dwg: D3875	Rev: A	Page 1 of 1	

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

### THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u> "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

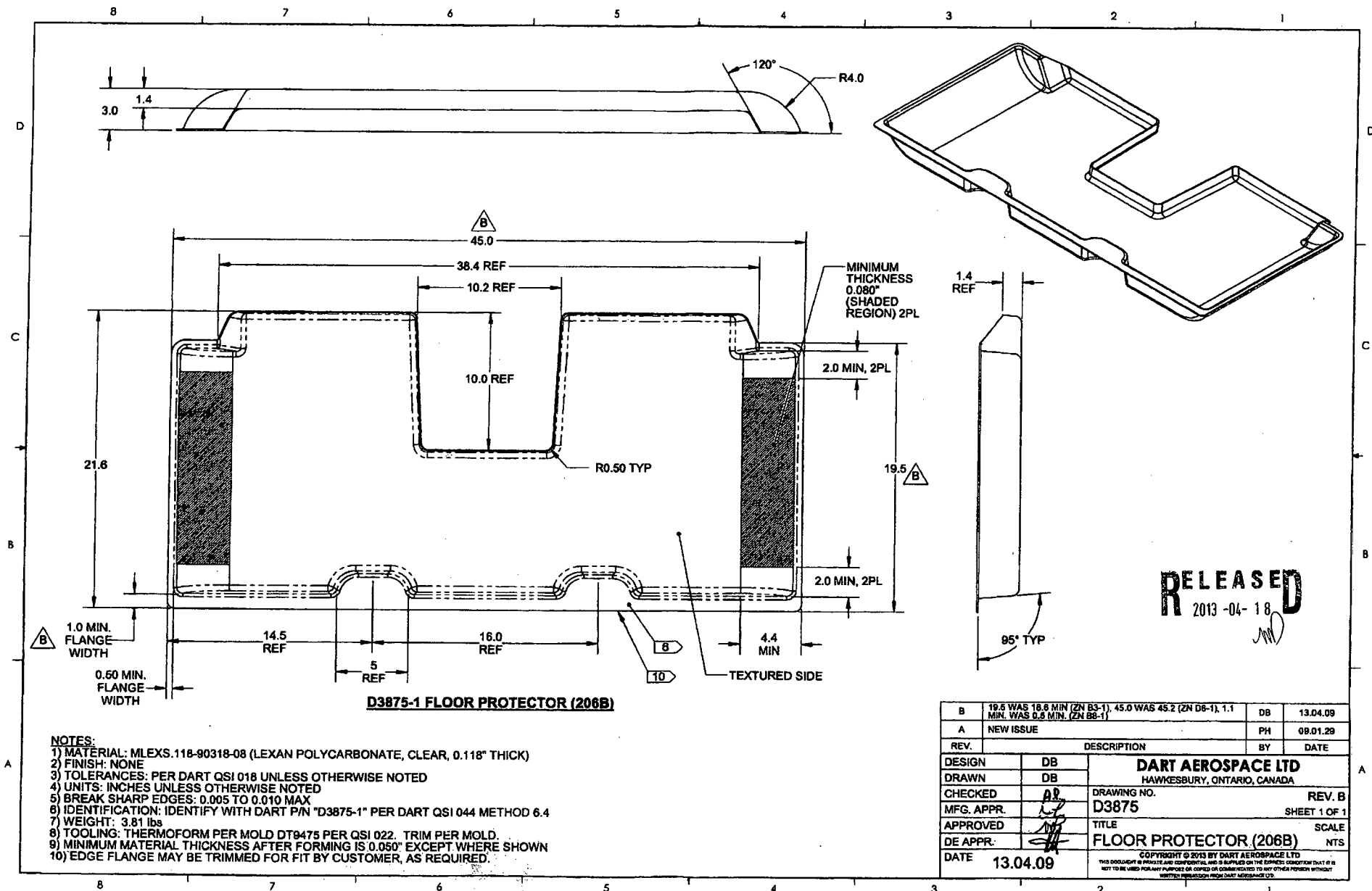
Measured by:	<u>Dh.</u>	Date:	13/04/04
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### TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.065"	✓			
0.080	Min	0.102"	✓			
45.2	+/-0.100	44.5"		✓		
21.8	+/-0.100	22.25"		✓		
1.4	+/-0.100	1.42"	✓			

Measured by:	<u>Dh.</u>	Date:	13/04/15
Audited by:	<u>DAS 16</u> 13/04/15 Dim are correct	Date:	
Prototype Approval:	N/A	Date:	N/A


Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	<u>[Signature]</u>



DART AEROSPACE LTD		Work Order: 1598244
Description: floor Protection		Part Number: D3875-1
Inspection Dwg: D3875 Rev: Rev		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
3.0	$\pm 0.030$	3.06	✓		✓	
1.4	$\pm 0.030$	1.45	✓		✓	
120°	$\pm 5$	120°	✓		S	
R0 4.0	$\pm 0.030$	4.0	✓		S	
45.0	$\pm 0.100$	44.600		✓	T	
38.4	$\pm 0.100$	40.900		✓	T	
10.2	$\pm 0.100$	10.25	✓		T	
10.0	$\pm 0.100$	10.00	✓		T	
21.6	$\pm 0.100$	22.375		✓	T	
14.5	$\pm 0.100$	14.425	✓		T	
0.50	$\pm 0.050$	0.50	✓		V	
S	$\pm 0.030$	2.500		✓	V	
16.0	$\pm 0.100$	16.00	✓		T	
R0 50	$\pm 0.050$	.50	✓		S	
4.4	$\pm 0.030$	4.29	✓		V	
2.0	$\pm 0.030$	2.11	✓		V	
19.5	$\pm 0.100$	19.400	✓	✓	T	5/3/04/18
95°	$\pm 5$	95	✓		S	

Measured by: 	Audited by: DAS 16	Preliminary Approval:
Date: 13/4/18	Date: 13/04/18	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

# Purchase Order Receipt Listing

Page 1 of 1

November 09, 2009 2:34:33 PM

All amounts are calculated in domestic currency.

All Vendors PO ID PO10670 All Receipt Dates All Line Item Types  
All Item ID/GL/WOs All Rec. Employees All Currencies  
Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
VendorID\Vendor Name		VC-GEP001	SABIC Polymers	shapes							
PO10670	1		MLEXS.118-90318-08	Each	11/13/2009	11/9/2009	2,720.0000	\$3.65	0.0000	0	\$9,937.52
CAD	No		Lexan Sheet 113127	sf	2,720.0000	Stores		\$9,937.52	0.0000	0	
Total Received Quantity:											2,720.0000
Total Qty to Inspect (PO U/M):											0.0000
Total Reject Quantity:											0.0000
Total Receipt Value:											\$9,937.52
Total Balance Due Quantity:											0.0000

## Receiving Report

Date: 9/11/09

Batch No: 2113127

Supplier: SABIC

Dart P/O: 10670

Packing Slip: Yes ☒ No ☐  
 Invoice: Yes ☐ No ☒  
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐  
 Waybill Attached: Yes ☒ No ☐ N/A ☐  
 Shipment Complete: Yes ☒ No ☐ N/A ☐  
 QC6 Inspection ☒ N/A ☒  
 Work Order ☐ N/A ☒

### Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12

*[Signature]*

Production/Admin: 9/11/09  
 Date:     
 Received/Costing:     
 Initial:   

Location

\*\*\* SHIPPER \*\*\*

A/C 14.88

SABIC Polymershapes  
1250 Old Innes Rd., Unit 519

Ottawa, Ontario K1B 5L3  
PST 85637 2750 TR0001  
PHONE: (613)745-7043 FAX: (613)745-4291

Page: 1

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
Canada

1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
Canada  
1-613-632-5200

Our Order No	Customer	GST License	PST License	Invoice Terms	Ordered	Shipped	Taken By	RDD
088917	DARABR	CHARGE GST	6112-5207	NET 30 DAYS	02.11.09		caldwell	12.11.09
Ship.Doc.No	Salesrep	Customer P.O.#	Shipped Via	F.O.B.	Freight Terms	Inv. No.	Ship Date	
01	93	10670	RPIC		PREPAID + CHARGE		11.11.09	

Ln# Location Ord B/O Ship Sku Product Code

Description U/Price

\*\*\*\*\*  
DELIVERIES TO BE DONE BEFORE  
4:00 PM , ADVISE SHIPPING CO.  
\*\*\*\*\*

001 68 58 0 SHT 11201655

90318-112 PROTECT A GLAZE  
.118 X 60 X 96

68

002 1 0 1 BA 0000005

THANK YOU FOR SELECTING  
SABIC POLYMERSHAPES

*P. 9/14/9*

LINE No.	RECEIVING No.	PICKED BY	DATE	SHIPPED BY	DATE	VERIFIED	DATE
					6/11/09		

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM SABIC. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.  
ALL RETURNS MUST HAVE VALID RETURNED GOODS AUTHORIZATION NUMBER CLEARLY MARKED ON ALL PACKAGES.

# SABIC Polymershapes

سابك  
SABIC

## ORDER CONFIRMATION

ORDER 088917  
Date 02.11.09  
GST Registration # 856372750RT0001  
Taken By: caldwellj

Sold To

DART AEROSPACE LTD

1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD

1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
Canada

Customer	Ship Via	TAX LIC 1	TAX LIC 2	A/R Terms	F. O. B.	Page
DARAER	EPIC	CHARGE GST	6112-5207	NET 30 DAYS		1
P. O. #	Expiry Date	Freight Terms	Sales Representative	Sched Ship	Dept.	
10670	02.11.11	PREPAID + CHARGE	93	11.11.09		
Product	Quantity	SKU	Description	Price	Per	Extension
11201655	68	SHT	90318-112 PROTECT A GLAZE .118 X 60 X 96	146.14	SHT	9937.52
0000005	1	EA	THANK YOU FOR SELECTING SABIC POLYMERSHAPES	.00	EA	0.00
* ORDER CONFIRMATION * Total						9937.52
						=====

This is to verify receipt of the above-referenced order. Upon acceptance of the order, SABIC Polymershapes will fill the order on its standard terms and conditions of sale unless, prior to shipment of all or part of this order, you provide written objections to such standard terms and conditions of sale or unless other terms have been agreed to in writing signed by SABIC Polymershapes.

31.12.19

SABIC Polymershapes 1250 Old Innes Rd., Unit 519 Ottawa, Ontario K1B 5L3 PST 85637 2750 TR0001  
Phn : (613)745-7043 Fax : (613)745-4291

SABIC  
Innovative  
Plastics

سابك  
sabic

**SABIC Polymershapes**

1250 OLD INNES RD. 519 OTTAWA, ONT. K1B 5L3  
TEL: 613 745 7043 FAX: 613 745 8163

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## CERTIFICATE OF COMPLIANCE

SOLD TO: DART AEROSPACE

DATE: 11/2/2009

YOUR PURCHASE ORDER : 10670

OUR SHIPPER NO: 088917

LINE ITEM # : 1

QUANTITY: 68 SHEETS

DESCRIPTION: LEXAN 90318-112 .118 X 60 X 96

THESE PARTS WERE MANUFACTURED IN ACCORDANCE WITH: UL 94HB

THIS IS TO CERTIFY THAT THE MATERIAL FINISHES AND FUNCTIONAL REQUIREMENTS OF THE ABOVE LISTED PARTS ARE IN ACCORDANCE WITH THE REFERENCE PROCUREMENT SPECIFICATIONS, CONTROL DRAWINGS OR PARTS DESIGNATION AND LATEST REVISIONS AS REFERENCED ON THE SUBJECT PURCHASE ORDER.

AUTHORIZED REPRESENTATIVE SIGNATURE



JON CALDWELL  
BRANCH MANAGER





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO10670

Purchase Order Date 10/30/09  
PO Print Date 10/30/09

Page Number 1 of 1

Order From :

VC-GEP001

SABIC POLYMERSHAPES  
9150 AIRPORT ROAD  
BRAMPTON, ON L6S 6G1  
CA

**FAKED**  
06/10/30

Contact Name  
Vendor Phone 800 267 1575  
Vendor Fax 613 745 4291  
Vendor Account Nbr

Buyer Chantal Lavoie  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB

Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MLEXS.118-90318-08	Lexan Sheet	11/13/09 Yes	2,720.00 Each	Epic ppd	\$3.6535	\$9,937.52

Special Inst: MATERIAL: GE PLASTIC LEXAN  
MATERIAL CODE: LEXAN 90318  
PROTECT-A-GLAZE  
COLOR CODE: 08 112 CLEAR  
2,720 SF = 68 SHEET

PO Total: \$9,937.52

**MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY**

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required when applicable

Change Nbr: 1

Change Date: 10/30/09